

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 101018502 FILING DATE _____	
APPLICANT(S)						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1	1	1	1	51	1
2	1	1	1	1	1	52	1
3	1	1	1	1	1	53	1
4	1	1	1	1	1	54	1
5	1	1	1	1	1	55	1
6	1	1	1	1	1	56	1
7	1	1	1	1	1	57	1
8	1	1	1	1	1	58	1
9	1	1	1	1	1	59	1
10	1	1	1	1	1	60	1
11	1	1	1	1	1	61	1
12	1	1	1	1	1	62	1
13	1	1	1	1	1	63	1
14	1	1	1	1	1	64	1
15	1	1	1	1	1	65	1
16	1	1	1	1	1	66	1
17	1	1	1	1	1	67	1
18	1	1	1	1	1	68	1
19						69	1
20						70	1
21						71	1
22						72	1
23						73	1
24						74	1
25						75	1
26						76	1
27						77	1
28						78	1
29						79	1
30						80	1
31						81	1
32						82	1
33						83	1
34						84	1
35						85	1
36						86	1
37						87	1
38						88	1
39						89	1
40						90	1
41						91	1
42						92	1
43						93	1
44						94	1
45						95	1
46						96	1
47						97	1
48						98	1
49						99	1
50						100	1
TOTAL D.	2					TOTAL IND.	1
TOTAL P.	116	116	116	116	116	TOTAL DEP.	1
TOTAL AIMS	118	118	118	118	118	TOTAL CLAIMS	118